

**EXPRESS MAIL NO.: EL984898029US**

**Deposited On: April 8, 2004**



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Application No. : 10/630,078 Confirmation No.: 9318**  
**Applicant(s) : Donald E. Weder, Joseph G. Straeter**  
**and Paul Fantz**  
**Filed : 07/30/2003**  
**TC/A.U. : 3643**  
**Examiner : J. Gellner**  
**Title : SLEEVE WITH CONCAVE LOWER END**  
  
**Docket No. : 8403.943**  
**Customer No. : 30589**

**Mail Stop Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**AMENDMENT AND RESPONSE**

Sir:

In response to the Office Action mailed January 30, 2004, please amend the above-identified application as follows:

**Amendment to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.

04/12/2004 HLE333 00000035 041700 10630078  
01 FC:1202 108.00 DA

APPROVED

for

PTO DEPOSIT ACCOUNT CHARGE  
ACCOUNT #04-1700Express Mail No.: EL984898029US  
Date Deposited: 04/08/2004Approved for use through 07/31/2006. OMB 0651-0032  
DUNLAP, CODDING & ROGERS, P.C., Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>FEE TRANSMITTAL</b> <b>for FY 2004</b>		<i>Complete if Known</i>	
<i>Patent fees are subject to annual revision.</i>		Application Number	10/630.078
		Filing Date	07/30/2003
		First Named Inventor	Donald E. Weder et al.
		Examiner Name	J. Gellner
		Art Unit	3643
		Attorney Docket No.	8403.943
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 108)			

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>																																																																																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1700 Deposit Account Name: Dunlap, Codding & Rogers, P.C. Customer No. 30589		<b>3. 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<b>SUBMITTED BY</b>		(Complete if applicable)	
Name (Print/Type)	Christopher W. Corbett	Registration No. (Attorney/Agent)	36,109
Signature	<i>Christopher W. Corbett</i>		
	Date	04/08/2004	

Mail Stop Fee Amendment  
 Commissioner for Patents  
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/630,078
Filing Date	07/30/2003
First Named Inventor	Donald E. Weder et al.
Group Art Unit	3643 (Conf. No. 9318)
Examiner Name	J. Gellner
Total Number of Pages in This Submission	8403.943

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	See remarks below:
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	1. Transmittal Form (1 page); 2. Fee Transmittal (1 page) Authorizing the Commissioner to charge indicated fees of \$108.00 (which includes \$108.00 for extra claim fee) and any additional fee required and/or credit any overpayments to Deposit Account Dunlap, Coddng & Rogers, P.C.; 3. Fee Determination Record (1 page); 4. Amendment and Response (12 pages); and 5. Postcard.	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	DUNLAP, CODDING & ROGERS, P.C., Customer Number 30589 P. O. Box 16370, Oklahoma City, Oklahoma, 73113; Christopher W. Corbett
Signature	
Date	4/8/04

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail or U.S. Express mail no. EL984898029US in an envelope addressed to the address below on this date: 04/08/2004

Typed or printed name	Christopher W. Corbett, Reg. No. 36,109
Signature	
Date	4/8/04

SEND TO: MS Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450